

AUG 23 2005

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**FACSIMILE TRANSMISSION COVER SHEET****PLEASE DELIVER TO:****NAME:** Examiner Steven M. Marsh/Art Unit 3632**FAX TELEPHONE NO.** 571.273.8300**MESSAGE SENT BY:** Daniel C. Crilly, Esq.**DATE:** August 23, 2005**PAGES:** (including cover).....23

**MESSAGE:** Please see attached Transmittal Form (1 page), Fee Transmittal (1 page), Petition for Two Month Extension of Time (1 page) and Amendment under 37 C.F.R. § 1.116 (19 pages) in connection with U.S. Appl. Serial No. 10/644,280. Thank you.

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**Date:** August 23, 2005**Signature:****Typed or  
Printed  
Name:**

Chrislide Mendez

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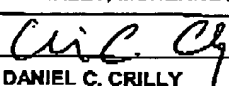
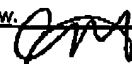
PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/644,280	
	Filing Date	August 20, 2003	
	First Named Inventor	Howard Sinkoff	
	Art Unit	3632	
	Examiner Name	Steven M. Marsh	
Total Number of Pages In This Submission	23	Attorney Docket Number	7647-03468

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP	
Signature		
Printed Name	DANIEL C. CRILLY	
Date	August 23, 2005	Reg. No. 38,417
CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Chriselde Mendez	Date August 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 23 2005

PTO/SB/17 (12-04)

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p><b>Complete If Known</b></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/644,280
		Filing Date	August 20, 2003
		First Named Inventor	Howard Sinkoff
		Examiner Name	Steven M. Marsh
		Art Unit	3632
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$)<b>165.00</b></p>		Attorney Docket No.	7647-03468

<p><b>METHOD OF PAYMENT (check all that apply)</b></p>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>50-1111</b> Deposit Account Name: <b>Brinkley, McNERNEY et al.</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

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<p><b>FEE CALCULATION</b></p>							
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>							
	<p><b>FILING FEES</b></p>		<p><b>SEARCH FEES</b></p>		<p><b>EXAMINATION FEES</b></p>		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

<p><b>2. EXCESS CLAIM FEES</b></p>		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
HP = highest number of independent claims paid for, if greater than 3		

<p><b>3. APPLICATION SIZE FEE</b></p>		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).		
Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		

<p><b>4. OTHER FEE(S)</b></p>	
Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other: <b>2 month Extension of Time fee</b>	165.00

<p><b>SUBMITTED BY</b></p>			
Signature		Registration No. <b>38,417</b> (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type)	Daniel C. Crilly	Date <b>08/23/2005</b>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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